

## Health Examination Form - Part B

♦ **Part B is to be completed and signed by the examining physician.**

**PLEASE PRINT**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Significant Past Illnesses or Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eyes \_\_\_\_\_ R20/ \_\_\_\_\_ L20/ \_\_\_\_\_

Hearing \_\_\_\_\_ Hearing R \_\_\_\_\_ /15 Hearing L \_\_\_\_\_ /15

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Muscular/skeletal \_\_\_\_\_ Skin \_\_\_\_\_

Neurological \_\_\_\_\_ Genitalia \_\_\_\_\_

Laboratory: Urinalysis \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Last Tetanus/Diphtheria (Td)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I have, on this date, examined this student and based on the examination and the student's medical history,  
I find that he/she may participate in high school athletics.

Date of Physical: \_\_\_\_\_

Signature MD \_\_\_\_\_

Print Name \_\_\_\_\_